

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

This certifies that I, \_\_\_\_\_, earn an average of \$ \_\_\_\_\_  
per \_\_\_\_ week \_\_\_\_ month \_\_\_\_ year

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Federal regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. I understand that the penalty for knowingly providing false information is up to (5) years in prison and/or \$10,000 fine upon conviction.

**THIS SECTION TO BE COMPLETED BY BUSINESS OWNER**

1. Based on business transacted from \_\_\_\_\_ to \_\_\_\_\_

2. Gross Income: \$ \_\_\_\_\_

3. Expenses: *Please enter as negative (-100.00)*

(a) Interest on loans \$ \_\_\_\_\_

(b) Cost of goods/materials \$ \_\_\_\_\_

(c) Rent \$ \_\_\_\_\_

(d) Utilities \$ \_\_\_\_\_

(e) Wages/Salaries \$ \_\_\_\_\_

(f) Employee contributions \$ \_\_\_\_\_

(g) Federal Withholding Tax \$ \_\_\_\_\_

(h) State Withholding Tax \$ \_\_\_\_\_

(i) FICA \$ \_\_\_\_\_

(j) Sales Tax \$ \_\_\_\_\_

(k) Other \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(l) Straight line depreciation \$ \_\_\_\_\_

**Total Expenses:** \$ \_\_\_\_\_

4. Net Income: \$ \_\_\_\_\_

**You must submit an official copy of your most recent Federal Income Tax Return with this form. You can obtain an official copy from the IRS by completing the 4506-T *Request for Transcript of Tax Return* form. A copy will be mailed to you.**

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

**Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**